

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

44938

STATE FILE NUMBER

Registration District No. 174

Primary Registration District No. 2035

Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY <b>4 Mi. South of Alma Mo.</b> OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial</b>		Length of stay in lb <b>18 Days</b>		d. STREET ADDRESS (If outside, give location) <b>4 mi. South</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>MARTIN</b> Last <b>SCHROEDER</b>				4. DATE OF DEATH Month <b>October</b> Day <b>10</b> Year <b>1957</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11-15-1879</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR <b>0</b> Mo <b>23</b> Days		IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farm (own)</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13. FATHER'S NAME <b>Thess Schroeder</b>				14. MOTHER'S MAIDEN NAME <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>George Schroeder Kansas City, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Prostatic hypertrophy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>332 X</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>18 days</b>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year <b>p. m.</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>11-24-57</b> to <b>12-10-57</b> and last saw her alive on <b>2 PM 12/9/57</b> Death occurred on <b>12-10-57</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. S. Cape</b> (Degree or title)				22b. ADDRESS <b>Lexington, Mo.</b>		22c. DATE SIGNED <b>12/13/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-13-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Evangelical</b>		23d. LOCATION (City, town, or county) (State) <b>Higginsville; Mo.</b>	
24. FUNERAL DIRECTOR <b>F. R. Hoefler</b>		ADDRESS <b>Higginsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-57</b>		26. REGISTRAR'S SIGNATURE <b>Wm. E. H. H. H.</b>	

JAN 9 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest R. Hooper*

Licensed Embalmer No..... 4801

P. O. Address *Higginsville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.